

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Saniara B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P94000074944 (7)**

1. Corporation Name

**HEALTH CHOICE PARTNERS, INC.**

Principal Place of Business

Mailing Address

3401 W. END AVE., SUITE 700  
NASHVILLE TN 37203

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NASHVILLE TN 37203



3. Date Incorporated or Qualified  
**10/07/1994**

3a. Date of Last Report  
**05/01/1995**

4. FEI Number  
**58-2237499**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 P.O. Box 1300  
Suite, Apt. #, etc.

23 City & State

27 City & State  
**Nashville TN**

24 Zip

Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title of position

Name of Registered Agent, signature, and printed name (if existing)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DEVC	<input type="checkbox"/> DELETE
NAME	PITTS, KEITH B	
STREET ADDRESS	3401 WEST END AVENUE SUITE 700	
CITY-ST-ZIP	NASHVILLE TN 37203	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	SOLTMAN, RONALD P	
STREET ADDRESS	3401 WEST END AVENUE SUITE 700	
CITY-ST-ZIP	NASHVILLE TN 37203	
TITLE	VTAS	<input type="checkbox"/> DELETE
NAME	TONNIES, RUSSELL F	
STREET ADDRESS	3401 WEST END AVENUE SUITE 700	
CITY-ST-ZIP	NASHVILLE TN 37203	
TITLE	VAS	<input type="checkbox"/> DELETE
NAME	PARR, RICHARD A II	
STREET ADDRESS	3401 WEST END AVENUE SUITE 700	
CITY-ST-ZIP	NASHVILLE TN 37203	
TITLE	VAS	<input type="checkbox"/> DELETE
NAME	SPALDING, JAMES H	
STREET ADDRESS	3401 WEST END AVENUE SUITE 700	
CITY-ST-ZIP	NASHVILLE TN 37203	
TITLE	DPCE	<input checked="" type="checkbox"/> DELETE
NAME	AMARAL, DONALD J	
STREET ADDRESS	3401 WEST END AVE. STE. 700	
CITY-ST-ZIP	NASHVILLE TN 37203	

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	AS	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Karen H Abbott	
6.3 STREET ADDRESS	3401 West End Ave. Ste 700	
6.4 CITY-ST-ZIP	Nashville TN 37203	

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05/21/98 01034-010  
\*\*\*200.00  
751

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Karen H Abbott* Karen H. Abbott 03/8/96 615-383-8599

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)